

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

3-12-07

SERIAL NO.
APPLICANT(S)

FILING DATE

CLAIMS	AS FILED		ADMITTED		ADMITTED AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1		1	
2						
3			1			
4					1	
5			1		1	
6					1	
7			1		1	
8					1	
9					1	
10					1	
11					1	
12	12		12		12	
13	12		12		12	
14					1	
15	1		1		1	
16			1		1	
17			1		1	
18			1		1	
19			1		1	
20			1		1	
21	12		12		12	
22	12		12		12	
23	12		12		12	
24	1		1		1	
25	1		1		1	
26	12		12	1	12	
27					1	
28	12		12		12	
29					1	
30					1	
31					1	
32					1	
33					1	
34					1	
35					1	
36					1	
37					1	
38					1	
39					1	
40					1	
41					1	
42					1	
43					1	
44					1	
45					1	
46					1	
47					1	
48					1	
49					1	
50					1	
TOTAL IND.			1		2	
TOTAL DEP.		1	1	1	1	
TOTAL CLAIMS	61	50	50	50	50	50

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

1 1 1